



## STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

### INDIVIDUAL REPRESENTATIVE FILING INSTRUCTIONS

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-16-10 et seq. (Supp. 1997)  
[www.sccconsumer.gov](http://www.sccconsumer.gov)  
803-734-4236/800-922-1594

**Street Address**  
3600 Forest Drive  
Columbia, SC 29204-4006

**Complete all pages of the application.**

**Attach the appropriate filing fee.**

**Be sure the application is signed and notarized.**

**Make certain that the Appointment of Representative portion is filled out and signed by an authorized representative of the company. Have the authorized company representative forward a company check for the filing fee to:**

**South Carolina Department of Consumer Affairs  
3600 Forest Drive, Third Floor  
P.O. Box 5757  
Columbia, SC 29250-5757**

**Attention: Legal Division**

**Applications that are incomplete or improperly filed will be returned.**



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## REGISTRATION FOR PREPAID LEGAL SALES REPRESENTATIVE

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-16-10 et seq. (Supp. 1997)  
[www.sccconsumer.gov](http://www.sccconsumer.gov)  
803-734-4236/800-922-1594

**Street Address**  
3600 Forest Drive  
Columbia, SC 29204-4006

**Important Notice:** Failure to provide this information will result in this form not being processed. Type or print legibly in ink. Attach a check or money order for \$40.00 payable to the company you will represent and send it to the company prior to your appointment. **Allow six weeks for processing.**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Social Security No.:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Parent's Name: Father** \_\_\_\_\_ **Mother (Maiden)** \_\_\_\_\_  
**Company Representing:** \_\_\_\_\_

Have you, within the past ten (10) years, been indicted or found guilty of a felony or any crime of deceit or dishonesty? Yes ☐ No ☐  
If "yes", attach copies of the indictment, judgment and/or sentencing order.

Have you ever had a license suspended or revoked by a governmental agency? Yes ☐ No ☐  
If "yes", attach explanation.

Are you licensed to sell prepaid legal services in another state? Yes ☐ No ☐  
Which states?

Are you familiar with the South Carolina Consumer Protection Code and how it relates to prepaid legal services? Yes ☐ No ☐

I, the undersigned, declare under penalties perjury or revocation or refusal of license that the statements made in this application are true, correct and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

### FOR OFFICE USE

Approved: \_\_\_\_\_  
Date: \_\_\_\_\_  
Rejected: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Company  
Official: \_\_\_\_\_

We hereby appoint this applicant as a representative of  
our company

\_\_\_\_\_  
Company Representative